

# THE MEDICAL AND SURGICAL REPORTER.

No. 914.]

PHILADELPHIA, SEPT. 5, 1874.

[Vol. XXXI.—No. 10.

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### MASSAGE.

BY DOUGLAS GRAHAM, M. D.,  
Of Boston, Mass.

(Read before the Massachusetts Medical Society,  
June 2d, 1874.)

[In furnishing the following suggestive paper for the pages of the REPORTER, I will ask of the editor the liberty which has been accorded me by the author, of adding an occasional note on such points as my experience in regard to this most valuable therapeutic means, now extending over a period of thirteen years, enables me to recognize as of especial importance.

BENJAMIN LEE, M. A., M. D.,  
1503 Spruce St., Philadelphia.]

Massage is, in its widest acceptance, a hygienic and therapeutic agent, consisting, not of friction, percussion, pressure, or movement alone, but of a permutation and combination of all these varied modes of applying force to the surface and underlying tissues of the human body. In its most limited sense, it is understood by the profession at large as "rubbing;" but its preëminently useful manoeuvre is what the word massage literally implies, viz., kneading—pressure with movement—malaxation. Thus the "Universal Dictionary of Materia Medica and Therapeutics," in saying "that there are reasons for believing that massage has upon the skin the advantages of friction, that it acts, above all, upon the muscles, etc.," evidently recognizes kneading as the important measure.

Such seems to me to be the definition of massage, after having consulted half a dozen authors, one of whom says the word usually comprehends too much, another too little, a third—Piorry, in the "Dictionary of Medical Sciences"—that it is difficult to define, while

none of them trouble themselves to construct an exact definition of the word.\*

\*The employment of the words "rubbing" and "rubber," to designate the complex system of manipulation under consideration and the individual practicing it, by those of the profession who are intelligently aware of its remedial value, as well as by those who ignorantly sneer at it, is peculiarly unfortunate, for two reasons.

First, from its effect upon their own minds, leading them to look upon the operation simply as a means of temporarily influencing the superficial circulation, and of diminishing cutaneous hyperæsthesia, and to overlook entirely its permanent effects upon the deep seated tissues and organs, thus depriving themselves and their patients of a most valuable auxiliary in the management of a large class of chronic affections, involving visceral congestion and loss of equilibrium between the nutritive and the emotional and nervous systems. In a word, the inadequacy of the designation, intended to be descriptive, induces an entirely inadequate conception of the nature and capacities of the method described.

Secondly, from the effect upon the mind of the public, who are led on the one hand to suppose that a service with so simple a name can be rendered by any one, however unskilled, and hence to substitute for the attendance of the trained manipulator the rude efforts of the ignorant housemaid, never serviceable and often injurious; and, on the other hand, to lend a ready ear to charlatans, who attribute the amazingly successful results which they owe to this method to mesmerism, animal magnetism, spiritual interference, and other occult influences.

Instances of the former unfortunate misapprehension, and of the difference between massage and "rubbing" as efficient therapeutic agents, are afforded in the cases of Mrs. A., and Miss C. M., reported in the course of this paper. Another has occurred to myself within the present week. Mrs. B., residing in one of the suburbs, called upon me last Spring, desiring to place her daughter under my care for an injury to the knee joint, which had remained for some time stationary, and arrangements were made for her to become an inmate of my house for a definite period. In a few days she again called, saying that the limb was being rubbed by the servant girl, and her physician thought that it would not be necessary for her daughter to come into the city for treatment. And now, nearly three months of valuable time having been lost, she again calls, announcing little or no improvement, and again solicits my aid. It is not too much to say that there are hundreds of helpless sufferers in this city to-day being faithfully but ignorantly "rubbed," without benefit and without prospect of benefit, who might, by a skillful application of massage, be speedily restored to health, comfort and usefulness.

Those who, on philological grounds, object to the introduction of a foreign word into our medical vocabulary, have their choice of its English syno-

## HISTORY.

Having been used in some form or other in all ages, among savage as well as civilized nations, we must infer that the origin of massage is "lost in the night of time." We read that Pythagoras used it with his own hands, that Plato reproached Herodicus for protracting the lives of feeble persons by causing them to have their bodies rubbed every day; and the pupil of Herodicus, Hippocrates, says that "massage will bind closer an articulation too lax, and will relax an articulation too rigid." Martial undoubtedly refers to this art in saying:

"Percurrit agili corpus arte tractatrix  
Manumque doctam spargit omnibus membris."

In later days Sydenham, Boerhaave, Van Swieten, and others, have all written in favor of this means of treatment.

Without some knowledge of physiological anatomy the *masseur* will be likely to grasp and press upon the large arteries in their superficial course, and as the parts are more sensitive in such regions, viz., the flexures of the joints, he will also be likely to hurt the patient unnecessarily. He will mistake the origin of the more powerful muscles and the fascia lata for an abnormally rigid condition, and will consequently "pull away at them with a vengeance," so as to mollify them to what he regards as a healthy consistence. He will not know how to malaxate the muscles in the manner that is usually most effective and in harmony with the returning circulation, viz., from their insertion to their origin; first, transversely to their fibres, then obliquely; thirdly, parallel to their course, and lastly, to finish by a gentle rotary motion equalizing and combining the virtues of the previous three.\*

*nym*, *kneading*, of *malaxation*, not a new word, and of *manipulation*, all of which convey some idea of the true nature of the process. The Hindoo, *shampoo*, now thoroughly Americanized, is in our language confined to the designation of this operation on the hairy scalp, with the delightful sensation and beneficial results of which we are all familiar.

\*The careful adherence to the use of the word "rubber" alluded to above, to the exclusion of any more appropriate and more scientific term, is due to the same mental bias that discourages every mental attempt to reduce the system itself to a scientific basis, and strongly objects to the possession of any medical or anatomical knowledge on the part of those who practice it. The author does well in pointing out the importance of such acquirements to the attainment of the greatest degree of success. It is idle to claim that a man grossly ignorant of the nature, function, form and tissue of the organs whose action he is seeking to modify can manipulate them with the same assurance of safety even, not to say of benefit, as one who has a thorough knowledge of the delicate organism under his hands.

Every practitioner has met with cases which not only have received no benefit, but have been posi-

## PHYSIOLOGICAL ACTION.

Let us now briefly glance at the mode of application of massage, and at what seems to be its physiological action in that class of cases, for example, in which it is so successfully resorted to as a means of relief from the prostration resulting from overwork, or the result of nervous disturbance and loss of muscular force—inertia. As no instrument can be devised like the hand, with movements so varied, and under the guidance of muscular sense and consciousness, we may safely say that it is the best for this kind of work. The process should be begun with gentle friction, gradually increasing in force, and from the extremities to the trunk, in order to further the flow of the venous current. By this procedure the vaso-motor nerves would seem to be stimulated, as evinced by the diminished size of the visible veins. By mechanically

tively injured, by the blundering efforts of men of the former character. Massage is not a means which can be trifled with, any more than arsenic or the scalpel. If potent to cure, it is also, in incompetent hands, like those agents, although to a much less degree, able to harm.

There is still lurking in the minds of the profession in this country a strong leaven of that old scholastic prejudice which made everything but writing a formula in cabalistic characters and an unknown tongue for the compounding and administration of drugs, an act unworthy the dignity of a medical practitioner. This prejudice it was which kept the surgeon, because he ministered with his own hands (cheirurgeon) to the necessities of his patients, for so many hundred years, on the level of a menial, coupling his art with that of the barber. This it is which has so determinately barred the way to the introduction of that most invaluable agent, galvanism, keeping it in the hands of ignorant quacks who have not been slow to avail themselves of its wonderful curative powers, and have reaped fortunes from its use. This it is which has made us so obstinately blind to the remedial action of pure water applied to the surface of the body, and has left almost exclusively to irregular practitioners the solid triumphs of hydrotherapy; so that to-day scientific Germany is calling upon us, with her grand successes in the treatment of fever, to con once more the neglected pages of our own Currie.

I know of but one parallel in history to the unintelligent and impolitic treatment which we have seen fit to accord to these and kindred auxiliaries in our great war with disease, and that is to be found in the unwise attitudes assumed by the Church of England toward those who have from time to time desired to introduce new methods of accomplishing within her old and jurisdiction the same benign ends for which she considers herself appointed. But for her intolerance and want of liberality towards individual development and class peculiarities, the vast host of Methodism and Independence might to-day be marching under her banners and contributing to her strength. How differently does the astute Church of Rome, the embodiment of human wisdom, deal with such movements in her midst. Because a man with the spirit of prophecy upon him has not the polish of a Bossuet or the learning of a Fenelon, is no reason to her why he should not preach the gospel to his fellow sinners. She claps a gray friar's robe on him and bids him God speed in her own name, and hers is the glory of his successes. So, if we were not so eaten up with the sense of our own self-asserted dignity as to lose all idea of policy, would we press these untutored, but often well-meaning and useful men into our own service, make their self-acquired knowledge ours, elevate it to its true scientific plane, add to our resources, and save ourselves many an *opprobrium*.

pushing the blood onward, the forces which carry on the circulation are also, for the time, relieved from labor in the part thus treated. As a natural result, if the skin has been uncomfortably hot by reason of the physiological evening fever, it is thus rendered cooler in relation to the parts which have not been so treated. A stronger to-and-fro use of friction will generate warmth, as is well known.

After friction sufficient to cool or warm a convenient portion of the surface, the massage, properly so called, or kneading, may be used. This is best done by not allowing the hands to slip over the skin while making pressure and movement, but compelling the skin to glide over the subjacent structures. The effects of the surface friction are by this means enhanced; the skin becomes soft, moist, and supple; a new sensation pervades it; a combined effect has been produced on the secretory, excretory, and nervous structures of this membrane, which radiates throughout the system as an exalted feeling of comfort. At the same time malaxation exerts a favorable influence upon the superficial fascia and muscles, whereby the state of the former known to the veterinary surgeon as "hide bound," when it exists (and if looked for it will be found as often in men as in horses, either generally or locally), is replaced by the characteristic of the more agile quadrupeds, viz., ability of the skin to move freely on the tissues beneath it. Consequently, the vascular and nervous circulation through this fascia are no longer impeded. The muscles, from a collapsed, inert, or rigid condition, resume their fullness and elasticity, as distinctly evidenced by a more normal response to faradization. Though heat be generated in the muscular tissue by means of massage, yet the exhalation from the skin is such as to produce a corresponding lowering of temperature, so that but little actual change can be observed.

Dr. Brown-Séquard says that by means of *percussion*, muscles may be made to contract for many hours after death. In life, this is a good measure to employ upon muscles that are deficient in contractility, while it rapidly induces a hyperæmic condition of the skin. Percussion, with the ulnar border of the hands alternating rapidly down the muscles on each side of the spinal column, is an agreeable stimulant.

After having sufficiently administered these manipulations to our patient, it is not unusual to hear him say that he feels as though he had

just returned from a month's sojourn in the country; or, if malaxation alone has been used, we may leave him in a refreshing slumber, to which he has long been a stranger.

In those cases in which, whether from excessive weakness or impairment of locomotion, ordinary exercise is impossible, we may avail ourselves of *movements*, active, passive, or mixed. The last are such as the patient is able to make against an opposing force, usually the hand of the *masseur*, or such as the *masseur* may see fit to make against the movements of the patient, employed so as to strengthen the enfeebled parts, and also the power of the will over them. By this means the effect of muscular contraction in emptying the arterioles and filling the venules is greatly increased, whilst the reverse is taking place in the antagonizing group of muscles; because the hand of the *masseur* supplements the natural resistance of the relaxing muscles, thus necessitating a greater effort of the will on those which are contracting. But such movements may be useless, or even worse than useless, if the rigid or contracted condition of the muscles and the *matting* of the areolar tissue have not been previously removed by proper kneading. Indeed, it is too often the case that over-exercise both of will and muscle has induced this condition. If so, in malaxation alone can we obtain the benefits of exercise without the aid of the patient's will.\*

"Those who submit to massage," according to Sarlandière and others, "experience an ineffable sensation of comfort and of exhilaration; it seems to those who are debilitated and stiffened by fatigue or age, that the muscular elasticity of youth is reawakened under the hand which presses them; that the forces re-establish themselves; that the play of all the functions is carried on more freely. The fatigue, above all, which results from the abuse of walking, the loss of sleep, or the abuse of the pleasures of love, disappears even while undergoing massage."

\* In introducing the subject of active, passive, and acto passive exercise, the author is transgressing somewhat the limits of a paper on Massage, and entering on the broader domain of Kinesiotherapy, or the Movement Cure, a department of medicine whose resources are but beginning to be understood and recognized, massage simply constituting one of them. The relation of muscular contraction to excretion and blood depuration, to which a new interest has been added by the careful observations of Flint and Doremus, in the case of Weston, the pedestrian, needs to be thoroughly appreciated, before this subject can be approached with any likelihood of intelligent comprehension. It is here simply mentioned in passing.

"Perfectly masséed," says Savary, "one feels quite regenerated; a sense of universal well-being pervades the whole system; the blood circulates with facility, and we find ourselves liberated from an enormous load; we experience a vivacity till then unknown. \* \* \* The imagination wanders about the universe, which it adorns, sees everywhere smiling pictures, everywhere the image of happiness."

Thus we find the influence of massage described upon the functions of relation. The ease of co-ordinating movements which is often induced, is correlated by the almost entire unconsciousness of effort in so doing. The voice may now convey the expression of clear thought in a calm and forcible manner.

Concerning the organic or vegetative functions a few words may be said.

Apropos of digestion, there is truth in the old adage, which says, "Laugh and grow fat;" shake up the chylopoëtic viscera, is the doctor's language for the same process. The results of massage upon the abdomen generally, I think, would warrant one in saying that the muscular fibres of the stomach are thus stimulated to contract whilst the gastric juice is secreted with greater rapidity; hence its use in that group of too well known symptoms which make up dyspepsia. Upon the small and large intestines a similar effect seems to be produced, whereby the muscular and mucous coats act more vigorously, thus facilitating chylication and the absorption of the chyle, as well as rendering the expulsion of the fæces more easy and regular. Absorption manifests itself by a diminution of excessive adipose tissue, when such exists. In proof of this and of the elimination of débris we find that all the emunctories of the system are stimulated for a time; respiration becomes deeper and more prolonged, indicating a greater need of oxygen; the insensible perspiration sometimes increases to diaphoresis; the urine is increased, and constipation may be permanently overcome. Observation will show, however, that this salutary diminution of fatty and other matters may soon be replaced by an increase of genuine muscular tissue, if the same treatment be sufficiently often repeated. Hippocrates, writing on atrophy, says, "That kind of friction should be used which maketh the flesh to grow."

Not an unusual way of dismissing the subject of massage is by saying, with a peculiar ac-

tion of the levator labii superioris, that "its effects are on the mind of the patient." So are and ought to be the effects of everything which has a favorable influence upon the body. And we may deduce, from good authority, some reasons why massage should affect the mind through the latter. Says Maudsley, in his "Physiology and Pathology of the Mind," "As in the action of nature upon man the stimulus which is not reflected in the spinal cord passes upward and excites sensation, and the stimulus which is not reflected in sensori-motor action passes upward and becomes idea, and the stimulus which is not reflected in ideomotor action passes from cell to cell in the hemispheres and excites reflection; so in the action of man upon nature the force of the will passes downward through the subordinate centres in an opposite direction; the will involves a conception of the result, or a definite ideational action; the conception of the result demands for its further transformation the appropriate motor intuition; and the motor intuition, in whatever centre, spinal or cerebral, it is organized, demands for its due expression in movement the perfect function of muscular feeling and the integrity of the motor nerves and muscles." (p. 178.)

Intercepted is doubtless the meaning of the word reflected, as it is in the first place here used. Massage then excites sensation, therefore it is not reflected in the spinal cord, but rather dispersed. Neither is it reflected in sensori-motor action, save when painfully applied, hence it gives rise to idea. Nor yet, when passively administered is it reflected in ideomotor action, therefore it ought to excite reflection or thought, to the reality of which result French authors and all who have properly undergone such treatment can testify. On the other hand, what may be called the objective evidence, whereby the will accomplishes its desires, depends largely on the perfect function of muscular feeling. Experience will show that massage excels in restoring the lost or perverted function of the muscular sense by aiding nutrition in the elimination of débris and by equalizing the circulation, as well as by the more normal impulse it seems to communicate to the cellular forces whereby endosmosis and exosmosis work more in equilibrium.

The mode of applying massage above described may also be employed therapeutically, varied, of course, in intensity, manœuvre, and length of operation, as the discretion of the



masseur and the susceptibilities of the patient may determine.

It is not desirable to consider this or any mode of treatment a panacea; but it is evident how wide its usefulness may become when we reflect what a host of maladies there is which doom the patient to a long period of inertia, the result of which is to cause a preponderance of sensory phenomena, "nervousness," for lack of some sort of treatment, massage for instance, to preserve the irritability and use of the available muscles, so as to allow the motor nerves to express the excitations to which, in common with sensitive filaments, they are subject.\* No wonder Sydenham was led to say "that if any one knew of the virtues of exercise (passive) in most chronic diseases, and could keep it secret, he might easily make a fortune."

Of the cases in which massage has been used to advantage, but few can be referred to here; and of the cases in which it has been used to disadvantage there will not be time to speak at present.

**Rheumatic Gout.**—S. S., of Philadelphia, set. fifty years, was sent to me by his physician, Dr. Thomas G. Morton, with the following prescription: "Three to five months of massage; less will be of no avail." He was still suffering with rheumatic gout of a year's duration, which manifested itself by an enlargement on the back of each wrist half the size of a hen's egg, and about the consistency of a gymnast's biceps when contracted. His finger joints were also affected so that he could but half shut his hands, and could flex to even a less extent all the other joints of his limbs. He slept poorly, had but little appetite, and was quite

\*The subject of counter irritation has of late years been searchingly investigated, with the result of leading many practitioners to modify considerably the opinions in which they had been educated in regard to its *modus operandi*, and indeed their belief in its efficacy in certain conditions. There is probably no therapeutic means which more nearly answers to the idea of a counter-irritant or derivative than that being treated of coupled with movements. By irritating the muscles in the direction of motor excitability we diminish the irritation of the nerves in the direction of hyperæsthetic and emotional excitability, for, the nervous system being a unit, all nerve force which is expended in one form of effort is necessarily so much drawn from the amount which was available for another form. Ordinary counter irritation, by means of vesicants and escharotics, is *pathological* in its character, that is, it induces a condition of disease in the tissue to which it is applied, in order to diminish a condition of disease in a tissue more or less remote. And indeed this is true of all medication, without exception. The action which is therapeutic in disease would be morbid in health. But in massage we have what may be styled a *physiological* counter-irritant, which derives from diseased tissues by promoting the healthy discharge of function in those upon which it is exerted.

emaciated. Was much troubled with migratory pains, which affected but one joint at a time, would intermit or not, and then he felt it in some other joint.

Classical remedies had been prescribed for him from the outset of his trouble, but when he began massage, October 21st, 1872, he was only taking tr. lupulin. to enable him to sleep. At that time he believed himself to be incurable, as his physician afterwards informed me. After ten weeks of massage his joints were more flexible, wandering pains less severe, sleep and appetite improved, weight increased. March 8th, 1873, massage was discontinued, having had four months of it, sixty-nine visits in all. He had gained in weight not less than twenty-five pounds; the circumference of his wrists, with his improved state of nutrition, was the same as when the enlargement existed, and though his finger joints were not perfectly symmetrical, yet they were much improved, so that he could shut his hands as firmly as any one. His other joints, in feeling and appearance, were now as if nothing had ever ailed them. His physician said he was very well. Mr. S. considered himself quite well, and said "that if he thought he could have been cured, as he was, by rubbing, he never would have sold his house and business with the expectation of going to Europe in the spring no better."

Rheumatic gout being referable to perverted nutrition, massage, from its physiological aspects, would seem to be a rational measure to employ against it. Fuller, in speaking of this malady, says: "When the contracted tendons seem almost to require the surgeon's knife for their relief, a judicious combination of local bathing with manual friction, and frequently repeated extension of the limb, will often render operative interference needless. By means such as these I have been able, on several occasions, to get rid of contractions of some years' standing; and it is by these or similar measures that certain irregular practitioners have acquired a reputation for the cure of enlarged and contracted joints. But unless the patient will submit to at least a three months' course of such treatment, it is better not to begin, for it would only be brought into disrepute." (Fuller on Rheumatism, p. 328.)\*

**Rheumatism.**—I have never tried massage in

\* In this connection I desire to call attention to the admirable little treatise of Dr. Wharion P. Hood, of London, "On Bone Setting (so called) and its Relation to the Treatment of Joints Crippled by

acute articular rheumatism, and am among those who are disposed to think that it is decidedly contraindicated in such a disease; nevertheless, I have been informed by two physicians of this city, and a student of Harvard, that massage was the only thing which had in their experience afforded any immediate relief to sufferers thus afflicted; each, however, knew of but one patient attended in this manner for acute rheumatism.

When rheumatism becomes sub-acute, kneading the muscles seems to be of some value, and, later, much advantage may be gained by adding movements of the affected limbs. By this means two convalescents from acute rheumatism, aged respectively sixty-five and forty-five, who fell into my hands, in whom there remained muscular rigidity and stiffness of the joints, found, after a week's attendance, their recovery sufficient for all ordinary demands. Indeed, their buoyancy led them to overwalk, in consequence of which massage was again called for, to enable them to overcome their fatigue, which it did.

"When," says Fuller, "rheumatism fixes itself in any particular part, there is danger of atrophy and wasting, from the limb being kept still, by reason of the pain to which movements would give rise. In all such cases, therefore, though pain be induced at first, much benefit will ultimately result from rubbing, kneading, and moving the affected limb." With regard to muscular rheumatism, our experience would lead us to say that the sooner massage is applied to it the better. J. F., Esq., of Philadelphia, had a painful attack of rheumatism in the back of his neck and in one ankle. It had lasted a week, and anodynes were losing their effect, when Dr. E. D. suggested massage. The first application was anything but agreeable; the second afforded sensible relief, and the third, on the third day of its employment, was not only pleasant and agreeable, but was at once followed by complete relief. All muscular

*Injury, Rheumatism, Inflammation, etc.,* originally contributed to the *London Lancet*. Its author enjoyed a rare opportunity of closely and confidentially witnessing the operations of one of the most famous of English bone-setters. This opportunity he improved, in a truly scientific spirit, critically studying the modes of manipulation, and analyzing and classifying the cases in which they proved successful. He shows, most clearly, that every physician who chooses to devote a little study to the subject can acquire sufficient dexterity to cure his own cases of crippled joints, and thus save himself the mortification of having them linger along for months, to end in either amputation, in permanent lameness, or in what is almost as distressing to himself, though far less so to his patient, in speedy restoration at the hands of an itinerant.

rigidity and soreness had disappeared, as well as the pain in the ankle. Many months afterward I met Mr. F., and he had not had a return of his myalgia, muscular rheumatism, or whatever it was.

An attack of lumbago may sometimes be shortened or alleviated by the means under consideration; but results like the following are what we aspire to attain: "M. Martin, of Lyons, and the illustrious M. Petit, having, with some of their confrères, appointed an hour for consultation upon an important case of operative surgery, M. Petit, shortly before the time of meeting, sent a messenger begging to be excused on account of a violent lumbago. To his residence at once repaired M. Martin, and promised him an immediate cure. Of course this, at first, was taken for a mere pleasantry, but on being assured in a more serious manner that he was in earnest, M. Petit said to him, 'Come then, my dear juggler, put thyself to work.' M. Martin, in five minutes, succeeded, by means of massage, in effacing all the irregular and partial contractions of the muscular fasciculi. M. Petit got up and dressed himself, and together they went to the domicile of their patient. A cooper had been confined to bed eight days, by reason of a severe lumbago, which resisted all the means employed for relief until M. Martin was called, when he administered massage for ten minutes, after which the patient got up and dressed himself without aid. This M. Martin regards as the ordinary effect of massage in such cases, of which he has collected over a hundred," (*Estradère du massage*, pp. 108 and 142).

*Sprain.*—J. F. L., while performing some gymnastic exercise, sprained the phalangeal joint of his right thumb. When I saw him, on the morning following the occurrence, the thumb was swollen, painful, and discolored from the effusion within and "Perry Davis' Pain Killer" without. The first few minutes of gentle friction showed that all his other joints and corrugator supercilii muscles could act well; but gradually massage became more endurable, until at the end of fifteen minutes strong malaxation was rather agreeable than otherwise. The swelling had now abated, but not altogether. Six hours afterward he was surprised at being able to write. Next morning a similar but more pleasant application, after which there was no more complaint.

Mrs. A's left foot turned inward when getting out of a carriage last January. Swelling, pain, and discoloration were the results. Treated with bandaging and cold water. A week after the accident her physician suggested massage, as by that means he himself had got out of a similar predicament. After twenty minutes' use of massage the symptoms were somewhat alleviated, so much so that she could bear her whole weight upon the lame ankle and walk across the room. She went out of town the same day on which I made my first visit; had a month's rest, and every day such rubbing as is universally but not always properly done. On her return to the city she was no better than when she left, so I was again called. What effusion there was remaining on the outer and anterior aspect of the joint seemed then to have become semi-organized. The circumference of the lame ankle was half an inch greater than the other. Thirty minutes of massage caused a diminution of one-eighth inch around the effusion, with an increase of one-fourth inch just above, at the smallest part of the ankle, the more easily displaced part of the effusion was forced upward. After daily treatment in this manner for nine days, both ankles measured alike, and she could then engage so busily in shopping and other duties requiring both walking and standing, as to forget that she ever had an injured ankle; the perfection of any function is measured by the unconsciousness of effort with which it is performed. Each visit in this case was followed by a feeling of relief and comfort, with more freedom and confidence in walking.

Miss C. M.'s left foot turned violently inward two years ago; she sprained it again last summer, and again in February, 1874. She sent for me May 12th. I found her with crutches, which she had used since her last mishap, three months before. While at rest, which was most of the time, the joint often gave her pain, and this was aggravated by slight motion of the foot in any direction. In front of the external malleolus, and behind the internal, there still remained some effusion, pressure on which excited sharp pain. In short, below the knee, pain, weakness, and stiffness were the chief characteristics. The first attendance of massage was followed by a slight decrease in the circumference of the ankle, with a feeling of comfort. At the third visit, the spots which had been painful on pressure were no longer so.

May 17th. After five visits walked about the house without crutches.

May 18th. Could go up and down stairs naturally, but not rapidly.

May 19th. Walked an eighth of a mile.

May 20th. Walked half a mile without crutches, after the eighth application of massage, eight days from the time such treatment was begun. She could then flex and extend, invert and evert the foot as forcibly as the one which alone had been doing all of that work for the past three months. Before I saw this patient she had had ordinary rubbing every day for three months.

Rizet, a French army surgeon, has reported fifteen cases of sprains which he treated with massage. Twelve were recent, and three were old sprains; the average length of time required for recovery was found to be three days; for the knee and ankle, four days and two-thirds. Some of the recent cases were kept at rest against their will, two or three weeks, in order to allow the injured ligaments time to recover. Quesnoy, Lebatard, Servier and others have also used massage in sprains, with results similar to those obtained by Rizet. "The sooner after the accident massage is applied," say they, "so much the better, for by dispelling the effusion the pain is greatly allayed." Nelaton respectfully speaks of the effects of massage in sprains as miraculous.

When, from sprain or other cause, effusion is somewhat extensive, it has been very rationally advised to begin the massage at the upper part of the limb, with gentle friction in the direction of the venous current, so as to aid in emptying the engorged vessels nearest to the trunk, in the first place, and thus make room for the passage of the effusion beneath; then to proceed downward, still making the friction upward, with gradually increasing force. After a few minutes' friction, the malaxation or kneading may be used, and like the former, should have its greatest force in an upward direction, though still proceeding downward.

In my two cases of sprains last narrated, passive motion of the foot was gently resorted to at the first visit, after thorough friction and kneading. As soon as the patient could make flexion and extension of the foot against the least resistance, acto-passive motion was instituted. This afforded means of judging how much actual strength was being gained from time to time, which could be measured in pounds

by attaching a spring balance to a handkerchief tied around the meta-tarso-phalangeal joints. Miss C. M., a delicate young lady, who at my first visit could scarcely bear passive motion, at the discontinuance of massage could flex her foot, pulling eighteen pounds. Indeed, the advantages of acto-passive motion in strengthening a limb thus enfeebled can hardly be over-estimated. A physician whose sprained ankle I had massaged for two or three weeks, was desirous of testing it before going to the Adirondacks. He did so by walking six miles, and after this the limb which had been injured was the less fatigued.\*

*Paralysis.*—That "paralyzed parts will not of themselves resume at once their normal condition, even after all the causative conditions are removed," seems to be an indication for the employment of massage and kindred measures. "In this way," says Prof. Flint, "the effects of inaction upon the circulation and nutrition are diminished, and paralyzed muscles are kept in a state of preparation for volitional contraction. The importance of this measure will not, of course, be appreciated by the patient, and it is to be explained and enforced by the physician."

By such means, used so as not to fatigue the patient, I have found the wasted muscles in hemiplegia to increase in size, and the power of the will over them to be in part regained.† This is somewhat accounted for, if what Reynolds says be true, that, "by stirring up the muscles and nerves of a limb, one may, to a certain extent, act upon the other ends of those nerves—the ends that are in the spine or head—and so may improve, by careful usage, the nutrition of the spinal cord or of the brain."

39 Sharon Street, Boston.

\* Dr. Graham has modestly, and perhaps wisely, confined his illustrative cases to sprains and other locomotor or muscular disturbances; modestly, because his experience must have furnished him many instances even more striking in their character, in which massage has proved a successful, and the only successful remedy for chronic affections dependent upon blood stasis and faulty innervation, dyspepsia, neuralgias, uterine and ovarian engorgements, and those nameless and unnameable conditions of invalidism which are the despair of the busy family practitioner; wisely, because the function of a muscle being usually held to be purely mechanical, the profession are more ready to believe that a purely mechanical mode of treatment is appropriate for the restoration of such function when lost or impaired, than to accept its applicability in disorders of the organs of secretion and excretion and of nutrition.

† In the essential paralysis of infancy I have found massage of even more value than in hemiplegia.

## CURE OF CHOREA.

BY T. CURTIS SMITH, M. D.,  
Of Middleport, O.

The following are a few cases of chorea that have come under my observation:—

Miss C—, æt. 18, fair complexion, nervous temperament; has been afflicted with chorea ever since January, 1869 (notes made August 8th, 1873), now twenty months, during which time she has been constantly under treatment by either regular or irregular practitioners, but so far has not seemed to show any signs of improvement. Saw her August 9th, 1870. Found the pupils dilated; tongue covered with thick white fur; countenance far more cheerful than usual in such cases; is but little emaciated, but is pale and anemic; bowels and catamenia regular; considerable leucorrhea. The pulse 90, soft and weak; respiration 21, somewhat irregular. She has lived, during nearly her entire sickness, on buttermilk and molasses, solid food being, if swallowed, nearly always rejected. Often there was complete inability to swallow solid food. The movements consisted in continual jerking of the left angle of the mouth and *alæ nasi*, the right forearm and hand, and both lower extremities; the latter keeping up a continual movement from right to left, and reverse, the heel of the left foot being placed on the toes of the right. If the feet were moved from this position, both limbs went through rapid rotary movements with an astonishing rapidity. All these motions were continuous during her wakeful hours, except when she would hold her breath, during which they would cease, as also during sleep, which she usually had regularly and very well; but the moment she would wake up, the motions would begin. The urine was natural in quantity and appearance. The case was marked by a general hyperæsthesia, so that she would complain on slight pressure at most any point. She had not stood on her feet since the commencement of her illness, and placing her on them would excite such violent and irregular movements of her feet and legs, as to render it unsafe to be within their reach. This case, I think, was very largely hysterical. Her circumstances were those of a dependent, and her friends very sympathetic for her in her affliction. This, I think, tended to prolong the attack.

The treatment led off in making a strong mental impression of her utter misery and uselessness, unless cured of the trouble; accom-



panied with strong assertions that in a short time she would be better if she would allow the treatment to be strictly carried out. She was then directed to have a strong salt bath every day, during which she was to be freely rubbed from head to foot with a coarse towel. Gave her internally:—

R. Tr. actea racemosa,  
Tr. hyoscyami,  
Syr. simp., aa ℥.ij. M.

Sig. Teaspoonful every six hours.

Also:—

R. Ferri redacti, ℥ij  
Zinci sulph., ℥iiss  
Quiniae sulph., ℥j. M.

Ft. pil xx.

Sig. One three times a day.

On the next day the motions were perceptibly less rapid. Treatment was continued, and strong mental impression made that she was better, and could not fail to get well. I did not feel so sure of it myself, but felt that it was necessary to make her believe it, the psychological effects of this mental state being desirable. On the fourth day all motions of an abnormal character had ceased. She was now able to sit up or stand for a short time on her feet. On the next day she walked over a square. She continued to improve rapidly till well. Since that time, now four years, there has been no return of the trouble, and her health generally has been very good. I am of the opinion that the strong mental impression made on her had as much and probably more to do with relieving her of this disease, than did the remedies she took, though I consider the above combinations very valuable in the treatment of chorea, where some one or more of the articles are not plainly contra-indicated. Quinine I have sometimes found to be apparently detrimental by its influence over the nervous system in these cases.

CASE 2. Mrs. B., æt. twenty-nine years, of bilious habit, but somewhat nervous; bowels costive; skin hot and dry; pulse 120; pupils largely dilated; severe headache; tongue loaded with heavy yellow coating; stomach nauseated; is the mother of five children, youngest now six months old, and nursing, catamenia therefore absent; has a free white leucorrhœa. Saw her with above symptoms April 30th, 1870. Gave her a free mercurial and jalap cathartic, which acted well. Upon calling next morning I found, well marked, general choraic movements, for which I ordered tr. actea racemosa, in one

drachm doses, to be repeated every four hours. On the 2d of May these symptoms had all ceased, and the foregoing symptoms had disappeared. Said she felt as well as usual, except that she was weak.

CASE 3. Miss. H., aged 15 years; of stout build and usually excellent health; cheeks rosy; skin fair; black hair and eyes. Seems well at this visit, July 13th. 1870, except that she has general choraic symptoms, not, however, very severe, but excited greatly by my presence. She had menstruated quite regularly for the last six months, but was now a few days behind her time in this respect. Gave her a free saline cathartic, and followed it with tr. actea racemosa in one drachm doses, every four hours. After the fourth dose the symptoms all disappeared, and the catamenia next day returned, accompanied with quite severe pain. There has been no recurrence of the chorea. The nervous trouble in this case seems to have originated from the catamenial disturbance, which probably was itself caused by exposure.

CASE 4. Miss. H., æt. sixteen years; nervous temperament; had an attack of hemiplegia, right side, when two years old; the right leg and arm now smaller than left, with a diminished range of motion in each; sensation good. Her general health had been good for years past, until one month ago, when she had an attack of chorea, at first lightly. Saw her first February 11th, 1871, at 1 P. M.; was much agitated on my first entering the room; was crying mournfully; her features twitching and distorted; arms twisting and jerking frightfully; left side most affected; eyes rolling, and giving a wild, idiotic expression; had a laugh resembling that of a hysterical person; mind much agitated and wandering. She seems to be well nourished; has a good appetite; and sleeps well some nights, at other times little or none; has no spinal tenderness, or pain in the head; is mentally precocious; cannot now speak distinctly, but did before this attack; her bowels are very costive; tongue heavily coated, yellow; catamenia have never appeared. When I saw her she had been in this frightful condition over two weeks, without other than domestic treatment.

The complication of paralysis with chorea was one I had never seen, and I made, considering the severity of the attack, a very guarded prognosis.

Treatment.—Gave hyd. chlor. mite, five grains,

to be followed in three hours with pil. rhei. comp. three. These operated freely; afterward she had tr. actea racemosa one half drachm, with zinci, sulph. two grains, every three hours, and ferri. sub. carb. two grains three times a day; food to be nourishing, but easy of digestion.

On the second day was less agitated, and mind more capable of connecting ideas than before, and the articulation is somewhat more distinct.

The above treatment was continued without change for one month, steadily, during which time there was slow but continuous improvement. At the end of that time she was quite in her usual health, and the medicine was gradually diminished, and finally stopped at the end of the fifth week. She has continued well ever since, and though naturally not strong, is at this time healthy; still has, however, a limping gait, in consequence of shortening of the right leg, resulting from the paralysis of infancy, from which she has never completely recovered.

I offer these cases without any special comment or theory regarding the nature of the disease. I am satisfied, from observation, that we possess in the actea racemosa and in sulph. of

zinc two powerful agents with which to combat this disease. I have used them empirically in a great measure, for we, as yet, as far as I know, have not fully comprehended the true pathology of chorea. Each of us may have a plausible theory, but who can say in reference to it that he verily knows his theory truly explains the character of the morbid changes going on in the nerve centres. It may be an irregular generation of nerve force, as explained by Hammond, or it may be simply an irregular transmission of that force. It may be only functional, as is thought by many, or it may be purely organic, but too finely so for discovery as yet. That it is due to organic change in the nerve centres I doubt, otherwise it would hardly yield to treatment as readily as we commonly see it.

The above are a few cases from my practice, others of equal interest could be given, but we presume these are sufficient to indicate the plan of treatment I have usually adopted, and so far with fair success. I doubt not there are incurable cases, but fortunately for me I have not had them to treat.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On Malignant Scarlet Fever.

Dr. Edward T. Williams, M. D., of Roxbury, says, in a paper published in the *Boston Medical and Surgical Journal*:—The indications for treatment naturally arrange themselves under three heads:—

First, to diminish the formation of waste products.

Second, to promote their elimination.

Third, to counteract their effects.

I. The essence of fever is combustion or destructive metamorphosis; the amount of waste depends on the rate of combustion; the rate of combustion corresponds with the intensity of the fever; hence to diminish the formation of waste products is to allay the fever. The means for this purpose are numerous. Diet, rest, water, ice, nauseating doses of ipecac and antimony, cathartics, the cooling salts, aconite and veratrum, bleeding. I believe that the proper use of these remedies both diminishes and prevents the formation of malignant symptoms. To effect this, they should be employed early, and only during the acute stage of the fever, as indicated by a high temperature and a strong as well as rapid pulse. The moment symptoms

of malignancy become developed, they must be discontinued, on account of their depressing influence on the powers of life.

Of the remedies enumerated, my own preference is for the nauseants, cathartics, and cooling salts, on account of their convenience of administration, entire safety, and peculiar effect on the secretions. Their overaction must be carefully guarded against. Veratrum viride and aconite, though effective, are hazardous, and require close watching. Cold bathing requires attendance and conveniences not always met with in private practice. Bleeding, universally and popularly resorted to before the discovery of other methods of depressing the circulation, has been justly set aside as depriving the system of what will be most needed when the temporary crisis has been bridged over and the period of debility reached.

In scarlet fever, I, for one, have thoroughly convinced myself of its efficacy in delaying the access and modifying the severity of malignant phenomena, as well as in preventing their occurrence. My entire experience with diseases of a malignant tendency, small-pox, typhoid and typhus fever, cerebro-spinal meningitis, etc., is in full harmony with these convictions, and has led me to place much confidence in them. I must believe, therefore, that a judicious anti-

phlogistic treatment in the early stage is the grand preventive and panacea for malignant scarlet fever, the only exception being those very rare cases where the malignancy is absolutely simultaneous with the outbreak of the disease; such cases should be treated upon principles to be discussed presently. Of course, I use the word panacea in a rational sense, without denying that many patients do and must die under this or any other form of treatment.

II. The second indication for treatment is to promote the elimination of waste products. The agents of elimination being the natural emunctories, the kidneys, skin, bowels, liver and lungs, medicines which increase the action of these organs will promote elimination, viz., diuretics, diaphoretics, cathartics and emetics. Most of these medicines serve the additional purpose of depressing the circulation, and have been sufficiently dwelt upon in the preceding remarks. The use of emetics to the extent of producing vomiting is an old-fashioned practice, quite abhorrent to the fastidious taste of the present day; I have found them serviceable, notwithstanding, especially when malignant symptoms are just beginning to show themselves; under these circumstances, a full dose of ipecac, with jalap-resin, or some other prompt cathartic, seconded by the free administration of hot drinks, often produces an admirable effect; the portal vessels are disgorged, the skin and kidneys excited to action, and the nervous system stimulated into a new life; a total disappearance of the malignant symptoms and the establishment of a favorable convalescence not infrequently succeeds.

It is hardly necessary to remark that eliminative, as well as antiphlogistic treatment, is too depressing to be continued after malignant symptoms are fully developed.

It remains to consider the eliminative function of the lungs. The increased formation of carbonic acid in the tissues requires an increased activity of the lungs for its elimination. This is partially provided for by nature in an increased activity of respiration. It is the physician's duty to see that the lungs are abundantly supplied with fresh air. The free ventilation of the sick chamber becomes, therefore, a matter of prime importance. But, in bad cases of scarlet fever, the mouth and fauces of the patient are loaded with fetid accumulations, by which every breath of air is contaminated and rendered unfit for respiration before it enters the lungs. We know what the expired air is, from experience; consider, then, the condition of the sick patient condemned to batten upon exhalations which turn the stomach of a well man at the faintest whiff. The throat must be cleansed out by gargling and swabbing with chloride of soda, permanganate of potassa, salt and vinegar, or some other antiseptic and stimulating wash. I make this an indispensable part of the treatment, even with the youngest children; for the filth, if not removed, will be swallowed, and form a new focus of malignant influence.

III. The third and last indication is to coun-

teract the effects of the accumulated waste on the system. The most dangerous of these effects is the failure of the heart, through innervation. Keep the heart beating, and elimination may complete itself, but the stoppage of the heart is death. The respiratory function is equally important; the moment the breathing flags, carbonic acid begins to accumulate in the blood, producing lividity of the surface and eruption, an increase of coma and weakness, and, by degrees, complete asphyxia. Hence, the necessity for stimulants in doses sufficient to produce a decided improvement of the pulse and breathing.

#### Restorative Treatment in Delirium Tremens.

Dr. A. T. Longhurst, in the *Lancet*, is convinced that opium, antimony, digitalis, chloroform, and even alcohol, are dangerous remedies, both in principle and practice. He advocates:—

1. The elimination of the poison from the system.
2. The restoration of exhausted nerve-power, by the administration of nourishment, and that of a kind most easily and rapidly assimilated.
3. The induction of sleep.

To fulfill the first indication, the elimination of the poison from the system, we must have recourse to those remedies which, whilst they promote the eliminating power of the skin, lungs, bowels, and kidneys, are not too depressant. Thus the skin may be well acted upon by a tepid or even by a cold bath, according to the strength of the patient, the precise nature of the case under observation, and the season of the year, followed by friction and rubbing with a coarse towel, the good effect of which can hardly be overrated; for whilst the skin is thereby relieved of alcoholic perspiration and other effete matter from the blood, the sentient extremities of the nerves are roused to more vigorous action, and respiration is rendered temporarily more active. A tumbler of cold water given on entering the bath materially increases its efficacy. Of the medicinal remedies best calculated to promote the moderate action of the organs named, none are perhaps better than the compound jalap-powder, in conjunction with nitric spirit of ether; and I have usually found one, or at most two doses, of two drachms of the former and half a drachm of the latter, effectually to relieve both the bowels and kidneys.

The second indication for treatment, the restoration of nerve-power, will be found best and most readily accomplished by the administration of warm milk, either alone or with eggs beaten up in it; for, containing as it does every element of nutrition most easily assimilated, it is singularly calculated to repair nervous power and energy; and if we can once succeed in getting our patient to take a quarter or half a pint of warm milk, either alone or with the yolk of an egg beaten up in it, we need scarcely any longer be apprehensive as to the issue of the case, and we can then give a mutton chop, or other solid food, which will be another great point gained. It is, however, most important

that the milk be taken warm, in order to insure its rapid and easy digestion. If there is stomach irritability, it must, of course, be met in the usual way; and if obstinate (though I have not had occasion to try it), I should anticipate the best results from a bladder of ice to the epigastrium, as calculated to restore tone to the nervous system through the especial medium of the solar plexus and the other sympathetic ganglia.

As regards the third principle of treatment, the induction of sleep: having in some measure fulfilled the two former, namely, the eradication of the poison from the system, and the partial restoration of nerve-force by the assimilation of nourishment, we have, doubtless, gained a great point in this direction; and, desirable as sleep may be, still I do not advocate the use of many medicines with that object, and I think that in chloral hydrate we have nearly all we want. Indeed, I have so often found that the sleep induced by medicines, especially any form of sedative narcotic, has not been followed by any permanent subsidence of delirium or other urgent symptom; and, from the very transient good effects of sleep thus artificially induced, I am disposed to think that too much stress has been laid upon its importance, and that the value of nourishment in the treatment of delirium tremens has been overlooked.

I shall not here occupy space by the report of cases in support of the above belief, though almost the last case under treatment very forcibly confirmed it; for though several hours of good sound sleep had followed the administration of half a drachm of chloral hydrate, the patient's condition was alarmingly prostrate until egg and milk had been assimilated. Hence I am persuaded that, having once secured the digestion and assimilation of food, we may be less anxious about sleep, and rest satisfied by placing our patient under conditions favorable for it; while chloral, judiciously administered, either alone or in milk or some other form of liquid nourishment, is almost the only medicinal hypnotic that I would advocate.

Having thus endeavored to indicate what appears to me to be a rational method for the treatment of delirium tremens, on the principles set forth in the order named. I feel that these require a liberal interpretation; for doubtless the greatest success in the treatment of this affection, as of most others, will follow the ready appreciation of the most urgent symptoms in this or that particular case. Hence it may be sometimes necessary to disregard the first principle, and at once to direct our efforts to the attainment of the second, by the administration of nourishment; and even to anticipate the third, by placing the patient under conditions favorable to sleep. In like manner, much can be done by judicious general management, by humoring the whims and fancies of a patient, when not of a dangerous character or tendency, and so long as he is carefully watched. Instead of confining a sufferer to the recumbent posture in bed, he may be allowed to be up, to

walk about, and to engage in conversation and harmless amusement, while the process of digestion and assimilation is going on, or until sleep comes naturally.

#### The Use of Iodide of Potassium.

On this subject, Professor Sée says, in the *London Medical Times and Gazette*:—

The iodide of potassium has been prescribed to stop the vomiting of pregnant women, but for this it is not equal to alcohol nor to the bromide of potassium.

The iodide of potassium has a certain action on the kidneys; it may produce nephritis, destroy the tubuli uriniferi, and produce albumen in the urine; but all metals do this, so we cannot make a special complaint against iodine in this respect. This leads us to the study of the composition of the urine in individuals who take iodine, which will enable us to give the drug its proper place in the therapeutic *cadre*. If the effete matter of the organism, or the urea, be diminished during the use of iodine, it is because this latter is a substance that prevents the waste of the tissues (*medicament d'épargne*). Such was the conclusion arrived at by M. Rabuteau, who, in his experiments, found a diminution of urea; but it may be objected that these experiments are not absolutely rigorous. M. Rabuteau subjected himself to a certain diet for five days; he measured the quantity of urea which he excreted each day, and found twenty-eight grammes as the mean; on the fifth day he took iodine, and found no more than twenty-four grammes of urea in his urine. The experiment ought to have been more precise. M. Rabuteau ought not only to have weighed the ingesta, but he ought to have ascertained the quantity of nitrogen; he should then have measured the quantity of nitrogen eliminated by the different outlets. When the balance between the nitrogen absorbed and that eliminated is properly ascertained, it is only then that one can fairly estimate the results produced by a particular drug or any other substance. This is what was done by M. Beck in the case of a syphilitic patient; the results of this observation were negative, and the deduction was that iodine does not act on the composition and decomposition of the tissues. But M. Bouchard declares, on the contrary, that, according to his own personal experience, iodine increases the quantity of urea excreted daily, particularly in diabetics. The natural conclusion is that iodine is not a destructor of the economy. Professor Sée protests against the conclusions of M. Bouchard, and brings clinical proofs against the arguments of the latter gentleman. Diabetics, continued the Professor, do excrete more urea than a person in health. According to the learned Professor, it was not the iodine absorbed that manufactured the excess of urea; it found it in the economy, and it did no more than eliminate the urea, just in the same way that it draws away all that it meets with in its course. If in syphilis it meets with mercury, the iodine favors its expulsion in forming an iodo-mercuro-albu-



minate; if, on the other hand, the mercury is combined with the blood, muscles, bones, or nervous tissue, the iodine, in regenerating all the vitiated molecules, expels the mercury indirectly by the formation of new elements. The following is a summary of the therapeutic applications of iodine:—

It is employed to eliminate all the poisons which may impregnate the economy—syphilis, mercury; it has also been employed as an eliminative in gilders' and lead poisoning, and in arsenicophagy.

The mucous and serous membranes are modified by iodine, and it is given in asthma, albuminuria, ascites, pleurisy, etc. It is employed as a "dissolvent" in glandular swellings, and it produces excellent effects in goitre; but it also exercises a certain influence on the breasts and testicles, which it atrophies. It is useful in a great number of chronic affections by dissolving certain products which it eliminates; thus it is employed in diabetes, scrofula, syphilis, etc.

In fine, iodine is a most useful drug, but it is a two-edged instrument, difficult to deal with. It is a local "atrophiant;" it has no ill effects on the general health; it is a "revivificateur," like oxygen.

#### Reports on Bloodless Operations.

The London *Medical Record* gives us the following brief abstract, made by Professor Esmarch, of his experience, during the past year of his practice in Kiel, of bloodless operations. The communication was made at the third sitting of the German Surgical Association, held in Berlin, April 8th to 11th, 1874.

From February 1, 1873, to April 1, 1874, above two hundred bloodless operations were performed in the Clinic at Kiel. Among them were the following:—

#### AMPUTATIONS.

Thigh, ten cases; one died, with erysipelas and septicæmia.

Leg, eleven cases; one died, with ditto.

Humerus, three cases; none died.

Total: twenty-four cases, with two deaths.

#### DISARTICULATIONS.

Shoulder-joint, one case; cured.

Hip-joint, one case; died of exhaustion.

Total: two cases, with one death.

#### RESECTIONS.

Hip-joint, three cases; one died, of septicæmia.

Knee-joint, three cases; none died (one with subsequent amputation).

Elbow-joint, two cases; none died (one with subsequent amputation).

Total: eight cases, with one death.

Among the advantages of the bloodless method of operation, the following may be mentioned.

1. There is no loss of blood. (Anæmia produces a disposition to surgical accidents, by the tendency to coagulation producing thrombosis, and leading often to pyæmia. Valsalva's me-

thod of treating aneurism acts by inducing greater coagulability of blood.)

2. It is a great advantage that sponges may be thus almost wholly avoided; for, with whatever care they are disinfected, one can never be absolutely certain that they are not sometimes the means of infecting wounds.

3. The larger arteries and veins are less injured in the bloodless method than with ordinary digital or instrumental compression, the constriction being uniform, circular, by means of the soft parts, and distributed over a large surface.

Esmarch knows of no dangers, nor of any bad results. Paralysis he has never seen to take place. It may be produced, however, by too forcible constriction of the limb. Esmarch applies the apparatus himself, and does not trust his assistants, who are rather inclined to overdo their business. It is quite remarkable how comparatively small is the force necessary to arrest all flow of blood through the arteries. The first turns must not be made too tightly; every superimposed turn increases the compression very considerably.

Gangrene has not been observed in any instance by Esmarch. Some probable advantages of bloodless operations must be shortly hinted at.

1. Local anæsthesia may take place after a few minutes. Richet has, indeed, already recommended forcible constriction of the digit for the operation on ingrown nail. Richardson's ether-spray, or ice and salt, produces anæsthesia much more quickly in parts made bloodless, as the warmth of the blood is excluded. The temperature of the bloodless limb sinks immediately.

2. Diseased parts, bones, joints, can be very easily examined before performing an operation. Esmarch narrated very graphically how, on a recent occasion, he demonstrated a diseased joint before his class, pointing out the conditions which made an amputation necessary.

3. Foreign bodies, splinters, needles, etc., are easily found.

4. Wounded arteries are easily exposed and secured. Antyllus' method is facilitated.

5. Operating without skilled assistants, or, indeed, without assistance at all, becomes possible in a way never before practicable. Esmarch has received many letters of thanks from surgeons in various parts of the country.

6. It is suggested that death may be often averted, and cases of hemorrhage and transfusion avoided in anæmic persons, by bandaging the extremities, in order to temporarily drive the blood of one or two extremities into the body.

#### Asthenic Insanity.

This is the title of a monograph recently written by Dr. S. H. Wright, of Edinburgh. In a review of it in the London *Medical Record*, the following description is given of the disease:—

The term "asthenic" does not define the na-

ture of the mental manifestations, but denotes a general depravity of the constitution, in consequence of which brain disorder arises. The brain may be primarily at fault, or its action may be directly influenced by the disorder of some organ more remote. The subject is treated under three heads.

1. When mental disorder depends on constitutional morbid modifications, which do not intrinsically progress towards a fatal result, and are not irremediable.

2. When mental disorder depends upon constitutional modifications of an irremediable nature.

3. When the complexion of the insanity, originally of another type, assumes an asthenic cast in consequence of the superintention of some bodily disorder of a special kind.

Under the first head, cases of insanity are ranged, in which mental disorder results from constitutional modifications dependent upon the severe or protracted depressing influence of physical disorder, exhaustion of the brain and nervous system by undue exercise or trial of their special energies. These varieties are illustrated by cases of patients admitted into the Royal Edinburgh Asylum.

Under the second head may be classed the great majority of cases of recurrent insanity, especially those where insanity recurs at short intervals; where it is excited by trivial causes, and where the asthenic condition of the constitution generally, but especially of the nervous system, is congenital; where the predisposition is not hereditary, but acquired by prolonged or severe periods of trial, the constitutional vigor being materially and permanently depressed; and, finally, those cases in which insanity is produced as a symptom of the general constitutional incompetence caused by chronic disease of a specific kind.

The cases belonging to this variety are incurable. The state of the patients is susceptible of amelioration, but never of lasting recovery: they are never fitted for holding office involving personal responsibility during a prolonged period.

A case is given illustrating the third variety. The patient, when admitted, was in a state of asthenic insanity, and remained in this state so long as her bodily health continued robust; but when her constitutional vigor failed, when symptoms of an irremediable organic disease (phthisis pulmonalis) of an asthenic kind manifested themselves, then also a change was noted in the nature of her mental symptoms.

In forming an opinion as to the chances of recovery in a case where there is no specific organic disease, the history is of great importance. If the general health previously to the attack have been good, if there be no history of hereditary predisposition, if there be a clear account of causes, which from their gravity may well be accredited with the production of the asthenic state of constitution which produces mental disorder, then strong hopes of a recovery may be entertained.

If, on the other hand, the patient have inherited an insane predisposition, if the asthenic constitutional state have resulted from depressing circumstances which have been long in operation, and from the effects of which the constitution shows no disposition to rally, or if the general asthenia have resulted from incurable organic disease, the prognosis is of the most unfavorable character.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

*Essays on Conservative Medicine and Kindred Topics*, by AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine, etc., in Bellevue Hospital Medical College, New York. Philadelphia: HENRY C. LEA, 1874, pp. 214.

These Essays, which have appeared from time to time in the columns of medical journals, are now offered to the medical world in book form.

By *Conservative Medicine*, the author means "an analogous line of conduct in the management of maladies which are not surgical, to that pursued by the surgeon who aims to preserve, not mutilate;" the employment of potential remedies only when they are imperatively necessary; not to add the effects of hurtful remedies to those of the disease.

"Conservative medicine assumes that remedial measures, according to their potency, must either do harm or good; that they can never be neither hurtful nor useful."

He applies this idea to therapeutics and to hygiene. He next treats of medicine in the past, the present, and the future; of alimentation in disease, showing the importance of attending to supporting measures in fevers and acute diseases, without regarding the indications afforded by appetite or taste. Milk is to be preferred, as possessing the requisite alimentary principles, and being in a concentrated and liquid form. To this may be added farinaceous matters, alternating with animal broths, or meat essence and eggs. Whenever a desire is expressed for a certain article of food, it should be allowed, as a rule. The whole article on alimentation is eminently worthy of careful study, and we commend it to the profession, but more particularly to those who are just about to engage in the combat with disease.

Tolerance of disease, the agency of the mind in etiology, prophylaxis, and therapeutics, and divine design as exemplified in the natural history of diseases, are the subjects of the concluding essays.

Every page of this little volume is replete with thoughts of great value to the careful, conscientious practitioner of medicine. In a careful perusal of it, we have marked many passages as worthy of a corner in our journal.

**MEDICAL AND SURGICAL REPORTER.**

PHILADELPHIA, SEPT. 5, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

**OUR MEDICAL SERIALS.**

Our serial publications are the weekly **MEDICAL AND SURGICAL REPORTER**; the **HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE**, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the **PHYSICIAN'S POCKET RECORD AND VISITING LIST**, published annually.

The terms of these are as follows, payable in advance.

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	3.00
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - - -	8.25

Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF  
**THE MEDICAL AND SURGICAL REPORTER,**  
115 South Seventh Street,  
PHILADELPHIA, PA.

**MEDICAL GALLERY OF PHILADELPHIA.**

Mr. L. Schlesinger proposes to place on exhibition at the approaching Centennial in Philadelphia, an album containing photographs of the prominent medical men of our city. There will be attached to each picture the autograph and a brief notice of the titles, etc., of each of the originals.

When the volume is completed, Mr. S. will offer to the medical world smaller albums, containing photo-lithographs of all those in the exhibited album. The plan has already received the approval of many.

**POLICING.**

In the army and navy this word has a fixed, definite meaning. The result is that the camp, the hospital, the barracks are cleanly, orderly, healthy. In every instance there is a responsible officer, whose duty it is to see that this work is promptly and correctly performed. How different is all this with our large cities. All is confusion. No one appears to be responsible for anything. A stone, lumber, or anything accidentally dropped by a passing cart lies unmolested by the police, leading to constant vexations, delays, and accidents to passing vehicles. Now if each police officer were made responsible for his beat, and required to report daily as to its cleanliness, and every other condition, what a vast difference would be seen in every way! A break, whether in the road or footway, would at once be known, and the proper repairs ordered. An obstruction would be removed. Everything detrimental to health would be investigated, and the proper remedy applied. We are led to speak thus from the daily observance of numberless little matters in every section of our city, and which we doubt not are seen in every large city in the United States, which, though slight, and perhaps to some of unappreciable importance, yet in the aggregate largely aid in swelling the sick list and death rate everywhere.

Our citizens should look to this, and apply the

remedy. Sickness and death assail us on every side. Why then should we permit, nay, invite their ravages by our own supineness?

#### AMBULANCES.

At last Philadelphia has an ambulance system in connection with one of her great hospitals, that on the west bank of the Schuylkill. The station is in telegraphic communication with all the police stations, so that a summons for medical aid and an ambulance may be sent from any section. A surgeon will be promptly dispatched, with all needful appliances, to the scene of accident, and thus it is hoped much good may be done, and perhaps many lives may be saved.

#### CORRESPONDENCE.

##### Forms of Malaria.

ED. MED. AND SURG. REPORTER:—

Under the above caption, I published an article in May 30th, 1874, number of the *REPORTER*. It being, in the opinion of Dr. Segnitz, of New York, of a malignant nature, he has deemed it proper, in his wisdom, to make an application of caustic to the same, applied in the form of a tirade, which appears in the *MEDICAL AND SURGICAL REPORTER*, vol. xxxi, No. 7. Dr. Segnitz not only endeavors to hold me up to ridicule, but also tries to stigmatize the whole body of country practitioners. This being my case, and fearing the destructive influence of the caustic to the surrounding tissues, I have thought best to endeavor to counteract its evil influences. Honest, earnest and high-toned criticism is at all times to be desired, and should be respectfully and deferentially listened to; but when it smacks of egotism, and an overweening vanity on the part of the critic, whatever literary merit it may possess is lost when the motives of its author are so glaringly apparent. You are accused, in the paper of Dr. Segnitz, of an impartial leaning toward country practitioners. [For shame, Dr. Segnitz, to make an assertion of that kind].

Is there any candor, any debatable force in such an accusation? Is that a calm, dispassionate, logical analysis of an article? Personal flings at editors, couched in a captious, querulous manner, it seems to me, can have but one effect, viz., to create a feeling of aversion and disgust toward their author. Pray tell me, doctor, what there is wrong or improper in obtaining communications from country practitioners? Is medical skill confined to the cities alone? Does the simple fact of a doctor living out of town preclude the idea of his possessing

any forethought, any sagacity, or reaping the benefit of personal experience, and the privilege of publishing that experience to the world? You stultify your own assertions when you say, "of course no objection can be made to the publication of valuable contributions, whether they proceed from scholars residing in the country or the city."

So say I, but, doctor, are you alone the proper judge of what constitutes merit in an article? Your opinion, perceptibly tinctured with egotism, is thrust forward as authority for editors, readers, and contributors. The domain of medical knowledge is broad and vast; no line of practice is set up as an absolute unequivocal standard. What is recognized to-day as authority, to-morrow, with the constant progress made in our science, may be rejected as utterly worthless. So your criticism, pungent and keen as it may be, is, nevertheless, only the expression of your individual opinion, which is worth no more than other physicians', unless based upon facts and incontrovertible evidence. It is always well to glean knowledge from whatever source one may, and try to improve upon it, but I see no reason why we may not occasionally get a few grains of it even from country practitioners.

And now, Doctor, I will answer your attack in detail, under the head of

##### URTICARIA.

Dr. Segnitz thinks that my remarks on this disease deviate from the views of our best writers and students. If I can sustain myself, it makes no material difference whether my views deviate or not, but I propose showing that instead of deviating, my positions and assertions are fully sustained by the best of authority. Dr. Segnitz refers to my case of urticaria, or more properly diphtheria, in which I claimed to have had three diseases combined in one patient, viz., diphtheria, rheumatism, urticaria, and I might now add purpura, and says, "I cannot find any complication whatever. The symptoms altogether were either prodromi, or accompanying the dermatous disease. With the exception of urticaria after some ingesta, as strawberries, cheese, etc., all other cases are more or less accompanied by pain in the limbs, ankles, and by anginous symptoms."

I shall show the Doctor, further on, that the symptoms referred to were not prodromi, and that they did not follow the dermatous disease, but that the dermatous disease followed and was dependent upon other causes, viz., malarial poison and an excess of free acid in the system.

Dr. Segnitz continues, "If the author would have consulted Wichman, Bateman, Fuchs, Cazenave, Reayer, and others, he would hardly have agreed with Fox, who makes urticaria dependent upon rheumatism, gout, etc. It is a more hybridous exanthema (I observed even a mixture of erythema, roseola and urticaria), and its symptoms in general show distinctly the characteristics of erysipelas. The form as it is ephemerous, disappearing and reappear-



ing several times within twenty-four hours, without fever symptoms; \* \* \* The two diphtheria cases attended to by the author had nothing at all to do with the urticaria case in the same family; the sore throat and the slight ulcerated tonsils did not absolutely indicate a diphtheria." (Of course it did not absolutely of itself.) "If pleurisy, pneumonia, gastritis, and such other diseases occur in a marshy country, where malaria predominates, we should not feel inclined to administer anti-malarial remedies as a rational treatment."

Wilson, in his work on skin diseases, divides urticaria into eight classes, of four of which I shall speak, viz.: urticaria ab ingestio, urticaria conferta, urticaria evanida, urticaria tuberosa.

There is not much difference in the symptoms of urticaria as detailed by the various authors to which I have access, viz.: Fox, Willan, Wilson, Reayer, Wickman, Plumbé, Hufeland, Bateman, Wood, DaCosta, Watson, Hartshorne, Meigs (on children).

After detailing the symptoms as given by all, Dr. Wood continues: "There is occasionally an oppressed breathing which almost threatens suffocation. Occasionally acute urticaria assumes a decidedly intermittent character, occurring in regular paroxysms every day, or every other day, either as an attendant, an intermittent, or as an original affection." Wilson says it frequently creates alarm by the anxiety about the precordia, and the syncope which attend its invasion; and instances are not wanting in which it has proved fatal." He also refers to a pricking sensation in the throat and constriction in the fauces, which produces a short, troublesome cough, and occasionally threatens suffocation, the tongue is swollen and the voice altered from the extension of the swelling of the mucous membrane into the larynx. Under the head of urticaria conferta, Wilson says, "It is merely a severe degree of the local affection of urticaria (ab ingestio)."

The elevation of the circular prominences and wheals is not so great as in urticaria ab ingestio, but they are more numerous, and frequently coalesce, and are attended with considerable inflammation of the surrounding skin. The itching and tingling are exceedingly severe, particularly at night, and the integument is tumid and swollen. This form of the affection is apt to continue several weeks.

There are a few causes not enumerated by all writers, which I will mention. Chloral and antonine are spoken of only by very late authors. *Urticaria accompanying intermittents and rheumatism is generally recognized.* Any irritation to the skin may produce it in certain subjects; so may any substance taken into the stomach do the same thing. Irritation to the air passages, dentition in children, an excess of earthy phosphates and free acid in the circulation, over exercise, and strong mental emotion.

I will quote from Wilson again, who says: "The causes of urticaria are referable to irritation of the gastro-pulmonary and genito-urinary mucous membranes. Thus it is induced by

dentition, by gastric irritation, by intestinal irritation, by uterine irritation, and more rarely by pulmonary irritation; mental excitement or anxiety, fatigue, exposure to cold or heat, also contribute towards its development, and occasionally it is seen in association with rheumatism."

Urticaria has been observed occasionally as a critical eruption, and it has been stated by some authors to have occurred epidemically. Retrocession of this eruption has sometimes been followed by a serious aggravation of internal disease.

Under the head of urticaria tuberosa, Willan, as copied from Dr. Day's translation of Simon's Animal Chemistry, observes: "The urine in a case of urticaria tuberculosa has been analyzed by Scherer. The patient was a young man who likewise suffered from rheumatism. The urine was discharged in very small quantity, often not more than five or six ounces in the forty-eight hours. It was clear, of a brownish red color, very acid, and its specific gravity 1028 \* \* \* The most remarkable points in the constitution of the urine are the large amounts of earthy phosphates (202 grains to 1000) and the excess of free acid. In a case of urticaria, in which the urine was examined by Dr. MacLagan, (*Edinburgh Monthly Journal*) its composition was found to be as follows: urea 6.91, uric acid 0.05, inorganic salts 12.03, organic matters and water 981.01. The chief peculiarity in the present case was a deficiency in the ordinary characteristic ingredients of the urine, the urea and uric acid. This could not arise from mere excess of water, first, because the urine was not excessive in quantity; second, because the inorganic salts were above the normal standard, whereas, had the water merely been in excess, they, too, ought to have indicated a diluted condition of the urine. Dr. MacLagan ventured, therefore, to propose as the pathological view of the case, that the defect here was merely a deficiency of the urea and uric acid; in short, a want of what modern chemists call the products of transformation of the tissues, and that the retention in this way in the system of matters which ought to be eliminated from it might be the cause of this cutaneous irritation, especially, occurring as it did, after meals. The conclusions deduced from these observations are:—

1st. That urticaria is intimately connected with a deficiency of the organic salts of the urine, and their probable retention in the system.

2d. That colchicum has an action capable of restoring the deficient salts and thus curing the disease.

3d. Rheumatism and urticaria, and purpura and urticaria, are frequently found to be present together. They are also benefited by the use of colchicum. It may be safely asked, do they not depend on the same common cause, namely, the presence of those salts in the blood? Such an influence has been applied in the case of rheumatism.

In an article in the MEDICAL AND SURGICAL

REPORTER, October 9th, 1869, copied from the *Medical Press and Circular*, Dr. Henry Purdon says: "Urticaria is occasionally connected with the presence of a rheumatic or gouty diathesis, and I have observed the eruption alternating with chronic bronchitis. A short time since I had under treatment a female, aged fifty-four, who had lately returned to England from California, where she had endured great hardships, and also suffered from rheumatic fever. During the time this patient was under observation the eruption of wheals alternated with lumbago, and were evidently connected with rheumatism, this latter disease being well known to involve both the motor and sensory nerves. In such cases the capillary vessels may be ruptured, allowing extravasation of blood followed by the formation of wheals, hence the purpura urticans of Willan."

"Tilbury Fox states that the solar plexus is oftentimes involved, and those individuals subject to this distressing complaint are occasionally troubled with functional palpitation of the heart, which may be accounted for by means of its nervous connections, that organ becoming symptomatically affected through the means of the semi-lunar ganglia, communicating in the thorax with the cardiac, the greater splanchnic receiving also a small twig from the pneumogastric and phrenic; this accounts, likewise, for the difficulty of breathing experienced during the attack in some cases."

There is a case reported by H. S. Crandall, M.D., of Leonardsville, Madison Co., N. Y., in the Transactions of the New York State Medical Society, 1869; entitled "An extraordinary case of purpura, or something analogous to it," which I consider a case of urticaria, with purpura dependent upon malaria. Should this article meet the Doctor's eye, I would respectfully ask his attention to the subject again, and compare his case with the symptoms and theories of urticaria, as laid down in all standard works on the subject. Dr. Segnitz has referred me to Reayer as authority; let us see what he says: "Urticaria is combined with fever, hard, frequent pulse, tightness of chest and general shivering; it is associated sometimes with intermittent quotidian, and tertian fever. In rheumatic affections accompanied by eruptions, I have almost as often observed the wheals of urticaria, as the efflorescence of erythema or roseola. Urticaria may co-exist with other affections of the skin, with lichen simplex, with erythema, with roseola, and occasionally with impetigo."

Wichman has seen it with variola, Hufeland with measles and icterus. Watson speaks of urticaria as being very tormenting. "The chronic period is apt to be very teasing and obstinate. It comes and goes, and comes again. The evening is one of its favorite periods. Heberden has known persons afflicted in this way for ten years together." Watson has observed nettle rash to occur in connection with sudden and violent paroxysms of dyspnoea, resembling asthma fits; so that he could not help

suspecting that the mucous membrane of the respiratory passages was irritated after the manner of the external skin. Why not, then, I say, may not malarial poison be taken into the air passages in sufficient quantity to produce urticaria? or if diphtheria is a specific poison, why may it not at the same time that it is producing its own peculiar symptoms, also produce urticaria, as almost any poison or irritant may do? As corroborative evidence of urticaria being associated with diphtheria, as in the case which I previously reported, I would refer to an article to be found in the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, Part III, page 322; which says: "Sanitätsrath Toball, of Berlin, stated that he had seen a real urticaria intermittens of the face and upper extremities occur in the course of a case of diphtheritis pharyngea." In the case of the child, which I reported, the rash appeared upon the whole surface of the body. I saw a case of diphtheria in July last, in a lady aged forty-five, who also had urticaria accompanying the diphtheria.

Doubtless cases of urticaria ab ingestis would nearly always pass safely away without medication; but when a physician is called, it is his duty to do what will most quickly relieve his patient of unpleasant symptoms, even if they are not dangerous.

Dr. Segnitz says, "I think it superfluous to state anything about the treatment of urticaria, as it is well known that the expectant method is the most preferable. Where malaria is predominant, we should not feel inclined to administer anti-malarial remedies as a rational treatment."

I will now try to show that expectant treatment will not cure all cases, although in some few cases I admit that it will answer, that all cases are not self-limited, and that our best physicians would give quinine or some anti-periodic, where "malaria is predominant."

Hartshorne says that sometimes this disease (urticaria) is chronic and tedious.

Tilbury Fox says that "urticaria is one of the most difficult and unsatisfactory of all diseases to cure \* \* \* Where it appears that the functions of the body generally are properly performed, bromide of ammonium, or if the disease be periodic, quinine is useful." Dr. Wood says that "sulph. of quinine will quickly effect a cure in intermittent cases. Full doses of the same medicine continued for two or three days are said to have proved promptly effectual in some of the worst forms of the disease."

Willan speaks of urticaria evanida as a chronic intermittent variety, often very troublesome, and lasting for months. He gives quinine, arsenic, iodide of potassium, colchicum. I have seen it terminate fatally, he continues, in the case of a man fifty years of age, who had impaired his constitution by hard labor and intemperance.

Plumbe says that to see and know urticaria, is not to cure it.

Dr. I. N. Beach (MEDICAL AND SURGICAL REPORTER, April 9th, 1870, from *Medical Repor-*

tor), reports some cases of malarial origin, and says, "These symptoms continued for the usual length of time, occupied by the different stages of a paroxysm of ague, and then subsided, to return again and again, until interrupted by treatment. The treatment has been that of ague."

Wilson says "that in one case sugar was communicated with advantage, and in the same case great benefit was derived from the citrate of iron, at first combined with the hydriodate of potassa, and subsequently with quinine." Dr. Payne (eclectic) gives iodide of ammonia in cases dependent upon a materies morbi in the blood. In cases dependent upon vegetable malaria (he says) quinine and iron are the remedies. The homœopaths give urtica, and when malaria complicates, urtica in combination with quinine.

Dr. Segnitz queries; "The author used a chlorate of potassa gargle, and I wonder how he succeeded in administering it, as his patient was only nine months old."

The term *gargle* was used in the abstract. I used the medicine the same as I would give anything else internally. When used in that way, simply for the local action while passing through the throat, I call them gargles. All medicines given to a child of that age are held in the mouth for a short time, and usually touch all parts of the throat thoroughly before being swallowed.

The prescription which I administered to the little one was not as complicated as many of those recommended by the authorities above named. The Doctor ridicules it, however, and calls it a jumble of medicines without any compatibility whatever. I should like to have him show me where the incompatibility exists, and if he don't think it efficacious, in properly selected cases, as one of the visiting surgeons to a New York Hospital lately said, "let him but try it, and he will be surprised at its results." (The dose, of course, to be proportioned to the age of the patient).

In summing up the foregoing statements and quotations, we arrive at the following conclusions, viz:—

1. That urticaria may be produced by almost any ingested substance, by any irritation to the skin (in sanguineous temperaments), or mucous membranes.
2. That it may accompany, or be dependent upon many other diseases, among which are intermittents, rheumatic affections, gout, diphtheria and purpura (which is usually secondary).
3. That while the disease is not usually dangerous, it may nevertheless be so.
4. That while it is frequently self-limited, it also continues in many cases for weeks, months and years, unless proper treatment be instituted, and it is many times even then extremely intractable.
5. That the best physicians, and nearly all writers upon the disease, give anti-periodics, where "malaria predominates."
6. That while Dr. Segnitz's "*genius morborum*"

may be and probably is, "often, very deceptive," my *genus morborum* has been fully sustained.

Now after this evidence adduced, I hope that Dr. Segnitz will admit, like a man, that he has been a little too hasty, a little hard upon his medical brethren in the country, and slightly mistaken; that I have not disgraced the MEDICAL AND SURGICAL REPORTER, nor its editor, by reporting cases which to him seemed preposterous.

C. W. FRISBIE, M. D.

Fort Plain, August 22d, 1874.

#### Arm and Shoulder Presentation.

ED. MED. AND SURG. REPORTER:—

On the evening of August 4, 1868, I was summoned, by L. R. B., to Mary Rauls, a negress on his plantation, thirty-five years of age, the mother of several children, having a large pelvis and good physique, who had been in labor about sixty hours. In proceeding to make an examination per vaginam, the first thing that attracted my attention was the icy cold hand of the child, evidently dead, protruding from the vulva. In passing my hand up the vagina I found the os uteri completely relaxed, and the right shoulder presenting at the superior strait; the head lying in the left iliac region, with the occiput to the front. As the os uteri was soft and well dilated, and the pelvis ample, I determined to make an attempt to convert the shoulder presentation into the natural occipital presentation, receiving encouragement from the apparent exhaustion of the contractile powers of the uterus. Accordingly, seizing the hand and forearm of the child in my right hand, with my index finger extended along its arm as far as the elbow, I carried it carefully up the vagina, the elbow describing a sort of half circle, at the same time the forearm flexing upon the humerus, until it was safely lodged above the brim of the pelvis. Having pushed the arm as high up in the uterus as possible, I then placed my fingers against the shoulder, and moved it from left to right, at the same time pressing upward also, until the head came as nearly over the superior strait as my fingers would permit. Then, with my other hand placed upon the left side of the abdomen, I held the head in position until the uterus commenced to contract, when I withdrew the hand from the womb, at the same time pressing the head firmly to the right, with the hand applied externally, until the head, easily gliding into position, was engaged in the superior strait, and firmly fixed by the pain. The second or third pain expelled the child, the placenta following soon after. There was no unusual hemorrhage, and on visiting my patient the succeeding day, I found her doing remarkably well. She left her bed on the fourth day, I think.

According to this woman's statement, she had given birth to several children previous to this case, with no unfavorable occurrence, and her labors had generally been short. On the evening previous to this labor she had been ironing clothes, which was probably the cause of the

shoulder presenting. This reminds me of a case of a young married lady who, while ironing, was attacked with what herself and mother called "colic." I was immediately sent for; but, upon arrival, I found an embryo, of perhaps two months, in the vagina. The abortion was all over in two hours from the first pain.

I publish the above case, because I cannot recollect any record of a similar arm and shoulder presentation being converted to a head presentation by manipulation. In this case there was very little difficulty; as no pain came on until the arm and shoulder were elevated, and the head pressed into position. At an earlier period of the labor, when the pains were more violent, perhaps the difficulty would have been much greater.

While writing, let me report a curious case of

**CONGENITAL RECTO-VAGINAL COMMUNICATION,** which came under my observation while acting as accoucheur to a lady who was delivered, on the 11th of March, 1874, of a beautiful female child, weighing six pounds, more or less. This child had no anus, proper; not even a sign of puckering, to indicate the spot at which the rectum should terminate. The rectum terminated in the vagina, from which there was a continual escape of fecal matter, the sphincter vaginae muscle having no power to contract, and retain the dejections, which exoriated the surrounding integuments, and finally gave rise to vaginitis, metritis, etc., accompanied by spasms (no doubt the result of septicæmia), which carried away the little patient in a week from its birth. I regret that I could not make a post-mortem examination.

Very respectfully,

M. J. D. DANTZLER, M. D.

Jamison, S. C., August 1, 1874.

## NEWS AND MISCELLANY.

### A Long Life.

Mary Sullivan, having attained the great age of one hundred and seven years, died on Monday, July 20th, at her late residence, No. 23 Parham street, Philadelphia. The date of her birth is well authenticated. She was born in the parish of Kilgarvan, county of Kerry, Ireland, in the year 1717. She was the eldest of a family of six daughters and one son, all of whom, except herself, died many years ago.

—Dr. A. C. Sherwin reports a rather singular case, it being that of the infant son of Geo. E. Fay, which was taken sick with raising blood, and notwithstanding all that could be done for it, died within a week from the time of attack. At a post-mortem examination, conducted by Drs. Sherwin and Sperry, it was discovered that the cause of death was genuine bleeding at the lungs, an anomaly in medical records, as the boy was only thirty-four days old.

## OBITUARY.

### DR. CHARLES WOODWARD.

Dr. Charles Woodward, a pioneer of the medical profession in Cincinnati, Ohio, died shortly after noon Sunday, of heart disease, at his home on East Walnut Hills. As a graduate of the Pennsylvania University, Dr. Woodward came to this city and commenced the practice of medicine in 1829, and prosecuted it with marked success and zeal until within a week or two before his death. For many years he lived in the old home on the north side of Sixth street, west of Vine, until, acquiring considerable property, he removed to the home occupied by him at the time of his death, on East Walnut Hills. Here he has dwelt with his family for the last ten or twelve years. As a physician, Dr. Woodward stood deservedly high, commanding alike the esteem of his patients and his brother practitioners. His affability and uprightness made him extremely popular among his patients, while many of the physicians of our city cherished the highest admiration for his sterling abilities. He was a brother-in-law of Josiah Lawrence, whom many of our old citizens will recollect as an early President of the Lafayette Bank. Dr. Woodward leaves a wife and seven children, all of whom are males save two.

## MARRIAGES.

**KNERR—HERRING.**—On Wednesday, the 19th inst., by the Rev. Mr. Pendleton, Calvin E. Knerr, M. D., and Melitta P. Herring, both of this city.

**THORNTON—JONES.**—In Cincinnati, Ohio, on Thursday evening, August 20th, at the residence of the bride's parents, Park avenue, Walnut Hills, by the Rev. J. R. Mitchell, of Indianapolis, Mr. John S. Thornton and Nettie M., daughter of Dr. A. E. Jones.

**WILBUR—PETHERAM.**—On Thursday, August 15, at the residence of the bride's father, by Rev. R. M. Duff, Dr. H. B. Wilbur and F. Emily Petheram, daughter of Benjamin Petheram, Esq., of Skaneateles.

**WOODBURY—BRYDGES.**—On the 26th inst., at the Beth Eden Baptist Church, Philadelphia, by Rev. J. Wheaton Smith, D. D., Frank Woodbury, M. D., of Philadelphia, and Louie E. Brydges, only daughter of the late C. B. Bridges, Esq., of Louisiana.

## DEATHS.

**BLACK.**—J. A. Black, M. D., on Sunday, the 18th inst., in the 56th year of his age, after a protracted illness, of an affection of the brain.

**HAWES.**—At Wrentham, Mass., on the 21st inst., Dr. George E. Hawes, of New York, in the 64th year of his age.

**LABAREE.**—At the residence of his father, Dr. H. Labaree, 336 Baymiller street, on Friday night, August 21st, Arthur Labaree, aged 18 years.

**MCCLURE.**—At his residence, in Warsaw, Ky., on the 12th inst., at 5 o'clock in the afternoon, Dr. Virgil McClure.

**PECKWORTH.**—On the 25th inst., Martha S., relict of the late Dr. John S. Peckworth, in the 75th year of her age.

**SMITH.**—At Bound Brook, N. J., on Thursday, the 20th inst., Dr. Robert S. Smith, in the 75th year of his age.

**WARD.**—At New Haven, on Saturday, August 22d, Julia M., wife of Dr. Charles S. Ward, and daughter of Rev. Isaac H. Tuttle, D. D., Rector of St. Luke's Church.